

BOSMANSDAM PRIMARY SCHOOL
ADMISSION POLICY



It is expected of every learner and his/her parent/guardian to submit to the following admission requirements, as determined by the Governing Body of the school:

1. Applicants who reside in the present natural feeder area of the school will be given preference.
2. An applicant must have the necessary requirements to receive meaningful tuition in at least one of the language mediums (English or Afrikaans) of the school.
3. The age of the learner must be within two years of the average age of the particular grade for which he/she wishes to be enrolled.
4. Learners and their parents/guardians must undertake to abide by and respect the curriculum, school programme, code of conduct and norms of the school.
5. The parents/guardians of the learner are under obligation to meet their financial obligations to the school.
6. The following documents of the applicant must be submitted to the Principal, on first application for admission, before the application would be considered:
 - Your child's ID document or birth certificate
 - Certified copy of parents ID document and/or SA Home Affairs Permit
 - A valid study permit for the learner if he/she is a foreigner. This is also needed even though the learner was born in SA but the parents are still foreigners.
 - Clinic / immunisation card
 - Pre-school Immunisation Certificate
 - Completed application form
 - Declaration of acceptance of our admission policy
 - Undertaking to abide by the school Code of Conduct
 - Undertaking for payment of school fees
 - Completed debit order regarding payment of school fees (optional but advisable)
 - Progress report (in case of Grade 1, from the pre-school or Grade R facility)
 - Transfer form (not applicable to Grade 1, except if the child attended a registered Grade R facility)
 - Proof of residential address (e.g. sale or lease agreement, utility bill in your own name, etc. signed by a Commissioner of Oaths.)
7. The prescribed school uniform is compulsory. Parents/guardians must undertake to abide by the school uniform regulations.
8. Learners and parents/guardians must accept and respect the traditions and ethos of the school. The school will provide a schooling which has a broad Christian character, but will respect other faiths.
9. Parents/guardians must acknowledge the Governing Body as the only official body that may act as mouth piece on behalf of parents/guardians of learners enrolled at the school.
10. The Governing Body reserves the right to alter or amend the admission requirements of the school at any stage.

DECLARATION BY PARENT/GUARDIAN

I, Mr / Ms , parent/legal guardian
 of..... have read the school's admission policy
 and undertake to abide by the various regulations contained therein.

SIGNATURE: **DATE:**

Admin. Fee receipt no.

This form must be completed on application for admission of a learner to the school. Indicate with a cross (x) in the appropriate space where applicable.

For official use
Admitted to Grade

BOSMANSDAM PRIMARY SCHOOL
APPLICATION FOR ADMISSION TO SCHOOL

Tel. 558-2410
 Fax. 558-7167
 E-mail: admin@bosmansdam.primary-school.co.za

Elbrecht Street
 Bothasig
 7441

CEMIS No.											
-----------	--	--	--	--	--	--	--	--	--	--	--

A. SECTION A: PARTICULARS OF LEARNER:

SURNAME:

FULL FIRST NAMES:

RESIDENTIAL ADDRESS:

.....

GENDER	MALE	FEMALE		If other, specify
HOME LANGUAGE	ENGLISH	AFRIKAANS	XHOSA	OTHER

DATE OF BIRTH:	D	D	M	M	Y	Y	Y	Y	
ID NUMBER:									

RELIGION:

NAME OF LAST SCHOOL ATTENDED:

REASON FOR LEAVING:

HIGHEST GRADE PASSED: YEAR: (Attach latest progress report)

DOES THE LEARNER SUFFER FROM ANY ALLERGIES OR CHRONIC AILMENTS? YES NO

IF "YES", SPECIFY:

.....

IF "YES", MENTION TREATMENT FOR THE ABOVE-MENTIONED ALLERGIES / CHRONIC AILMENTS.

.....

.....

HAS THE LEARNER UNDERGONE ANY OPERATION(S)? YES NO

IF "YES", INDICATE DATE AND SPECIFY NATURE OF OPERATION(S):

.....

.....

ILLNESSES THAT LEARNER HAS BEEN IMMUNISED AGAINST: (Indicate with a x)

Tuberculosis Poliomyelitis Diphtheria Tetanus (DT) Whooping cough (DPT) Haemophilus influenzae B (HIB)

N.B : Learners should have been immunised against ALL the above illnesses before school attendance. Immunisation against POLIOMYELITIS and TUBERCULOSIS (B.C.G.) is legally COMPULSORY . WRITTEN EVIDENCE of immunisation (that is, a clinic/immunisation card must be produced on enrolment.
--

B. PARTICULARS OF PARENT(S) OR GUARDIAN(S):

FATHER:

FULL NAMES AND SURNAME:.....

OCCUPATION

ID NUMBER (IF RSA CITIZEN):

PASSPORT NUMBER (IF FOREIGNER):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RESIDENTIAL ADDRESS:
.....

POSTAL ADDRESS:
.....

POSTAL CODE

--	--	--	--	--

TELEPHONE NUMBER HOME: (.....)
WORK: (.....)

NAME AND ADDRESS OF EMPLOYER:.....
.....

POSTAL CODE

--	--	--	--	--

MEDICAL AID NAME:
MEMBERSHIP NUMBER:

MOTHER:

FULL NAMES AND SURNAME:.....

OCCUPATION:.....

ID NUMBER (IF RSA CITIZEN):

PASSPORT NUMBER (IF FOREIGNER):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RESIDENTIAL ADDRESS:.....
.....

POSTAL ADDRESS:
.....

POSTAL CODE

--	--	--	--	--

TELEPHONE NUMBER HOME: (.....)
WORK: (.....)

NAME AND ADDRESS OF EMPLOYER:.....
.....

POSTAL CODE

--	--	--	--	--

MEDICAL AID NAME:
MEMBERSHIP NUMBER:

GUARDIAN:

FULL NAMES AND SURNAME:.....

NATURE OF GUARDIANSHIP (e.g. foster parent, uncle, aunt, grandmother, etc.....
(In case of legal guardianship or foster care, documentary proof must be attached.)

OCCUPATION:

ID NUMBER (IF RSA CITIZEN):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PASSPORT NUMBER (IF FOREIGNER):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RESIDENTIAL ADDRESS:.....

.....

POSTAL ADDRESS:

.....

POSTAL CODE

--	--	--	--	--	--

TELEPHONE NUMBER HOME: (.....)

WORK: (.....)

NAME AND ADDRESS OF EMPLOYER:.....

.....

POSTAL CODE

--	--	--	--	--	--

MEDICAL AID NAME:

MEMBERSHIP NUMBER:

WHO IS RESPONSIBLE FOR DIRECT SUPERVISION OVER THE LEARNER?

Full name:

Telephone no. to be called in case of an emergency: (.....)

I, the undersigned, parent/guardian of the above-mentioned learner, hereby grant permission to Bosmansdam Primary School to get immediate medical help in cases where the principal or responsible educator finds it necessary, in their own opinion, for urgent attention. I indemnify Bosmansdam Primary School against any lawsuit or action that may arise as a result of such action.

Have you, the parent or guardian of the above-mentioned learner, any conscientious objection to his/her being present when instruction in Bible Education is given?

YES

--	--

 NO

--	--

Date of application

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SIGNATURE OF PARENT/GUARDIAN:

C. DECLARATION BY PARENT/GUARDIAN:

I, the undersigned, parent/guardian of (name of learner) hereby declare that the information furnished above is correct to the best of my knowledge. Further, I commit myself to all undertakings mentioned in Section A and B as well as the documents attached hereto and I accept responsibility for monies that are due to the school at any time in accordance with the agreement as set out in the attached UNDERTAKING FOR PAYMENT OF SCHOOL FEES.

SIGNED AT on this day of (month) (year).

.....
SIGNATURE OF PARENT/GUARDIAN

.....
FULL NAME(S) & SURNAME IN PRINT

D. DECISION ON ADMISSION OF LEARNER:

This is to certify that (name of learner) conforms to the minimum age requirements for admission to a public school and that his/her most recent end-of-year examination report and/or birth certificate/identity document has/have been verified as authentic.

His/her admission to Grade is hereby approved.

Comments:
.....
.....

SIGNATURE OF PRINCIPAL: **DATE:**

OR

This is to certify that (name of learner) has been refused admission to Grade for the following reason(s):

(Delete whatever is not applicable)

- ◆ He/she does not conform to the minimum age requirements for admission to a public school.
- ◆ He/she has not passed Grade
- ◆ Other reason(s):
.....

◆
.....

Comments:
.....
.....

SIGNATURE OF PRINCIPAL: **DATE:**

BOSMANSDAM PRIMARY SCHOOL
CONFIDENTIAL INFORMATION ABOUT LEARNER

(This form serves to complement the Admission form)

Full name and surname of learner:

From a total of children in the family, this child is the (1st, 2nd, 3rd, 4th, etc.)

At what age did the learner start: Talking? Walking?

Any dentition problems?

Any problem with: Hearing? Sight? Speech?

Any problem with urination:

Name any problem experienced pre-natally or during birth?

.....

Has the child ever had a serious accident? If so, give details.

.....

At what time does the child go to bed at night?

Sleeping habits (e.g. sleeps peacefully, restless sleeper, has nightmares)

.....

Does the child show any signs of nervous tension?

Is the child left- or right-handed?

Was any compulsion exercised at home in this regard?

How does the child interact with friends?

How does the child interact with family members?

Underline personality traits/characteristics and elaborate where applicable:

Obedient, disobedient, stubborn

Independent, dependent

Confident, shy, withdrawn

Friendly, moody, aggressive

Tolerant, irritable

Unselfish, selfish

Calm, restless

Loving, does not seek attention, aloof, seeks attention

Self-confident, lacks confidence

Helpful and co-operative, unco-operative

Reacts well to instruction, does not take kindly to instruction/correction

Any other characteristics/qualities the school should be aware of

Does the child have an interest in music?

Does your child have stories read to him/her at home? Yes/No If yes, underline how frequently:

Every night, three times a week, twice a week, once a week, once a month

Is there any other information about the child which you regard as important?

.....

Is there any problem which you would like to discuss confidentially? : YES NO

INFORMATION SUPPLIED BY: DATE:

(State whether Father, mother or guardian)

BOSMANSDAM PRIMARY SCHOOL
PARENT & LEARNER INFORMATION



Please complete the following information:

ACCOUNTS TO BE PAID BY:

Please indicate to whom account statements should be sent:

Mr / Mrs / Miss (Initials & surname)

Address

.....

..... Postal code:

Tel. no. Work: Tel. no. Home:

Spouse: Mr / Mrs / Miss (Initials & surname)

Address if different:

.....

..... Postal code:

Tel. no. Work: Tel. no. Home:

LEARNERS

Names of all learners who attend or soon to attend Bosmansdam Primary School:

Full Names	Surname of learner	Date of birth	Boy Girl	Grade Class

Parent & Learner Information

BOSMANDAM PRIMARY SCHOOL
FINANCIAL POLICY



The following will apply with regard to the payment of school fees:

1. A parent can pay the school fees for a particular year:
 - 1.1 by settling the total amount due in a single payment by the end of February – either in cash, electronic bank deposit or per cheque – in which case parents will qualify for a discount as determined by the governing body; or
 - 1.2 by means of 11 equal monthly payments (1 February until 1 December) in cash, by cheque or by means of debit order deductions from his/her bank account.
2. Parents of all learners are strongly encouraged to pay the school fees by debit order.

Please complete the agreement below to indicate in which way you are willing to settle the school fees in respect of your child(ren).

This implies that you have a monthly financial obligation to the school and if you fail to pay the outstanding monthly amount, your account will be in arrears.

Our school has – as any business – normal running expenses and if we do not get a regular income during the year, these financial commitments cannot be met. We therefore trust that you will understand this arrangement and endeavour to meet your financial obligations to the school regularly and timeously.

We thank you for your understanding and co-operation in this regard.

UNDERTAKING REGARDING THE PAYMENT OF SCHOOL FEES

I, Mr / Ms ,
 parent / guardian of undertake to pay the school fees as
 follows:

(Please indicate by means of an X in the appropriate block)

- A **lump sum** before the end of February (in which case a discount will apply)
- By monthly **Debit Order** (1 February until 1 December)
- By eleven monthly payments **in cash** or **per cheque** (1 February until 1 December)
- By eleven monthly payments **by electronic bank deposit** (1 February until 1 December)

SIGNED: DATE:

BOSMANSDAM PRIMARY SCHOOL



CODE OF CONDUCT

AIM:

In order for any institution to function successfully, it is important to have a Code of Conduct and to maintain certain norms and rules. In the school it also forms the basis of maintaining order to ensure that effective teaching will take place and to create a secure environment for your child.

The school Code of Conduct was compiled by the teaching staff in consultation with the parents and approved by the Governing Body. It is vitally important that the teaching staff receive your co-operation and that we shall be able to rely on your full support.

UNDERTAKING BY PARENT/GUARDIAN:

I, (initials and surname)
take note of and endorse the Code of Conduct and school rules of Bosmansdam Primary School and grant permission for my child(ren) mentioned below, to be subjected thereto.

- 1.
- 2.
- 3.
- 4.

I understand that these rules and the Code of Conduct were adopted in order to ensure a secure and orderly environment for my child(ren) and to facilitate effective teaching of learners in the school.

SIGNATURE OF PARENT/GUARDIAN:

NAME AND SURNAME (PLEASE PRINT):

ADDRESS:

.....

DATE:

decodecond